

FILED MAR 5 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 6245

1778

318

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH <i>Homer Phillips Hosp.</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <i>City of St. Louis</i>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Mo.</i>		c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer Phillips Hosp.</i>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		f. STREET ADDRESS <i>3725 Vista</i>		g. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>	
3. NAME OF DECEASED (Type or Print) <i>Catherine Williams Hardin</i>		a. (First)		b. (Middle)		c. (Last)	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>Negro</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Oct. 23, 1905</i>	
9. AGE (In years last birthday) <i>43 yrs</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		11. BIRTHPLACE (State or foreign country) <i>Little Rock, Arkansas</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13a. FATHER'S NAME <i>Plase Douglas</i>		13b. MOTHER'S MAIDEN NAME <i>Fannie Smith</i>		14. NAME OF HUSBAND OR WIFE <i>Emery Hardin</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Robert Williams</i> ADDRESS <i>3725 Vista</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES <i>Cardio Renal Vascular</i>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (b)		<i>Sinus</i>					
DUE TO (c)		<i>131</i>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) <i>St. Louis</i> (COUNTY) <i>St. Louis</i> (STATE) <i>Mo.</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>10</i> , to <i>12:53 P.</i> , that I last saw the deceased <i>alive on</i> , 19 <i>48</i> , and that death occurred at <i>12:53 P.</i> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Robert Williams</i> (Print or title)		23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>2/25/49</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Feb. 28, 1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>		24d. LOCATION (City, town, or county) <i>St. Louis, Mo.</i> (State)	
DATE REC'D BY LOCAL REG. <i>Feb 25 1949</i>		REGISTRAR'S SIGNATURE <i>J. B. Casater</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Bruce Funeral Home</i> ADDRESS <i>4469 Washington</i>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Frederick P. Stark

Signed.....

Student Embalmer

Licensed Embalmer No. *4599*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.